



STRATEGIC PLAN

Fiscal Years 2011 and 2012

SOUTH CENTRAL ALABAMA MENTAL HEALTH BOARD, INC.

Purposes of the Strategic Plan

1. To provide direction and guidance for the leadership of SCAMHB.
2. To serve as a training manual for the employees of SCAMHB.

Organizational Description

South Central Alabama Mental Board (SCAMHB) is a public, non-profit corporation, incorporated under Act 310 of the Alabama Legislature.

1. We are a PUBLIC organization. SCAMHB is incorporated for a public purpose, to serve a public need. (Most non-profit organizations are privately incorporated, e.g. churches, advocacy organizations, fraternal organizations, etc.) We are considered quasi-governmental since we are established by local governmental entities: Butler County, Coffee County, Covington County, Crenshaw County, City of Greenville, City of Red Level, City of Andalusia, City of Opp, City of Florala, City of Brantley, City of Luverne, City of Enterprise, and City of Elba.
2. We are a NON-PROFIT organization. That is, the SCAMHB is incorporated for charitable and beneficial purposes without the intent of making profits to be distributed to its owners or shareholders.
3. We are a Corporation. While we are a public, beneficial agency, we are none-the-less a corporate entity. We have a corporate legal status and we operate as a business.
4. We are a local organization. We are owned and operated by a locally appointed Board of Directors. We belong to the community of South Central Alabama. We are not a state agency.

The Board of Directors: 39 directors are appointed by the local governmental bodies previously listed. They are volunteers who are charged with the legal responsibility to oversee SCAMHB. The Board employs an Executive Director who is responsible for the operations of SCAMHB. The Board meets every 4th Wednesday at 2:00 PM except in October at the public meeting which is held the third Thursday of October at 2:00 PM.

Programs and Services

SCAMHC provides an array of services for people who have mental illness and for those persons who experience difficulty in coping with life events. Services are offered to children through the geriatric years and include:

- Rehabilitative Day Program
- Supportive Housing
- Case Management
- Children's InHome Team
- Juvenile Court Liaison
- Outpatient Therapy
- Geriatric Services
- Crisis Intervention
- Medication Monitoring
- Intensive Day Treatment
- Therapeutic Group Home
- Small Capacity Group Home
- Adult InHome Team
- Probate Court Liaison
- Hospital Evaluations
- Psychiatric Services
- Testing
- Information and Referral

SCAMHB operates three Adult Training Centers for persons with Intellectual Disabilities. Additionally, evaluation and assessment is provided. Services offered to the ID population include:

- Adult Training
- Case Management for Adults
- Early Intervention for the 0-3 age group
- Evaluation and Assessment for Adults

Programs offered by SCAMHB Substance Abuse Division include:

- Crisis Residential
- Intensive Outpatient
- Court Referral

MISSION STATEMENT

Within available resources, we are dedicated to improving lives through high-quality, accessible mental health services in a professional and caring manner

VISION STATEMENT

To be the premier provider of community mental health services through effective leadership, financial integrity, innovative use of technology and creative problem solving.

Historical Sketch

1968	South Central Alabama Mental Health formed
1970	Bill Ward-Executive Director
1970	SCAMHB moved from Health Dept. to 301 S. Three Notch St. Staff consists of administrator, MH nurse, part-time pharmacist; secretary-bookkeeper and a pharmacist (one day per month).
1971	Legislature appropriated \$250,000 for construction of facility
1972	Coffee County office opened
1973	Joe Bates-Executive Director
1973	Alcoholism Program funded
1973	Merle Wright-Executive Director
1975	Lillian Dixon-MR Services Director
1976	Staff has increased from 15 in April 1973 to 40. Budget has increased from \$157,000 to approximately \$450,000.
1976	Jim Laney-Executive Director
1977	Searcy patients at new low of 57 from 187 in 1972
1978	Bay Branch Road site completed
1978	Awarded National Institute of Mental Health Operations Grant- \$663,833.00 for the first.
1978	Budget 1.4 million
1979	Moved Greenville MR services to building donated by Casey Foundation
1981	Jim Stivers-Executive Director
1984	Rehab Option for Medicaid services began
1991	<i>Bond Issue Enterprise and Greenville OP sites completed</i>
1993	Richard Craig-Executive Director
1996	Cindy Hataway-Executive Director
1997	Bond Issue Luverne OP site completed
2001	Revenues total \$5,357,185-135 staff
2004	Hurricane Ivan strikes and severely damages Montezuma Center
2007	Montezuma renovations completed
2008	RUS grant awarded for Telemedicine equipment
2009	Revenues total \$6,062,943-139 staff
2009	Diane Baugher-Executive Director

VALUES STATEMENT

A system of care is based on values and beliefs, whether written or implied. The following statements reflect the values and philosophy of our organization. It is important that every employee understands and embodies these values if the organization is to fulfill its mission. The centerpiece of our values is quality to the customer.

- We believe the most effective care is accessible, individualized, and supportive of families focusing on the recovery of the person as a whole.
- We believe each Staff member is an integral part of the Center and should be highly skilled; compensated fairly; rewarded for initiative; and supportive of one another while maintaining the highest level of ethical behavior.
- We are partners and neighbors within the communities we serve. We encourage cooperative efforts by eliminating barriers that separate staff and fellow agencies.
- Customer satisfaction is the hallmark of quality. The best way to ensure quality is to continually improve our processes.
- Prevention of errors rather than correction is the best way to achieve quality outcomes.
- We treat individuals with dignity, patience, and respect and provide services with confidentiality and compassion.
- We believe our success is based on: our shared goals and commitment; our versatility and flexibility; the high expectations we have of ourselves; our openness to new ideas; our comprehensive, cost-effective service system.

GOALS AND STRATEGIES

Customer Perspective

Goal 1

Ensure customer satisfaction by continuously improving quality of services provided.

Strategy: Utilize Customer Satisfaction surveys to strengthen service delivery.

Objective: Achieve 80% satisfaction on center customer satisfaction surveys.

Responsible Party: Performance improvement Team

Measure: Percentage of positive responses from surveys returned

Target: 80% Satisfaction

Timeline: September 30, 2011

Financial Perspective

Goal 2

Increase financial goal attainment (FGA) to 105% to reinstate raises, improve facilities, and upgrade equipment.

Strategy: Maximize billing.

Objective 1: Achieve and maintain productivity expectations.

Responsible Party: All staff

Measure: Percentage of expectation

Target: 100% of expectation

Timeline: October 1, 2010

Objective 2: Increase days of operation of RDP program

Responsible Party: RDP staff

Measure: Days operated

Target: 5 days weekly

Timeline: October 1, 2010

Objective 3: Expand Children MI services

Responsible Party: MI Children staff

Measure: Increased caseload

Target: 200 new cases

Timeline: December 31, 2011

Objective 4: Expand DUI classes

Responsible Party: Substance Abuse staff

Measure: Increased classes

Target: 1 new class

Timeline: September 30, 2011

Objective 5: Formalize and expand Geriatric Nursing Home Program

Responsible Party: MI Adult Division Director

Measure: Increased cases

Target: 120 new cases

Timeline: December 31, 2011

Internal Perspective

Goal 3

Provide reports to all divisions for use as a management tool.

Strategy: Build reliable data reports for distribution to all divisions.

Objective 1: Identify needed data elements, report design, and frequency.

Responsible Party: Management Team and Division Heads

Measure: Elements identified

Target: Elements delivered to Business Unit

Timeline: December 31, 2010

Objective 2: Reports developed and distributed

Responsible Party: Business Unit staff

Measure: Reports developed

Target: Identified Reports

Timeline: May 31, 2011

Objective 3: Educate staff on analysis of report

Responsible Party: Management

Measure: Analysis Sessions

Target: One session per Division Head

Timeline: July 31, 2011

Objective 4: Timely delivery of reports

Responsible Party: Business Unit Staff

Measure: Delivery Date

Target: Reports delivered by 3rd Friday of month

Timeline: September 30, 2011

Learning and Growth Perspective

Goal 4

Improve staff morale.

Strategy:	Increase Communication
Objective:	Implement Teamwork
Responsible Party:	Management Team
Measure:	Teams in place
Target:	Three Cross Functional Teams
Timeline:	December 31, 2010

Strategy:	Provide incentives and acknowledgement of contributions for employees that address quality, service delivery, and operational efficiencies
Objective:	Develop, implement, and monitor for effectiveness a system of employees incentives
Responsible Party:	Management Team and cross-functional team
Measure:	Incentives in place and being measured for effectiveness
Target:	Incentive Plan developed and implemented
Timeline:	Ongoing ; plan developed and implemented by June 1, 2011

Strategy: Adjust workloads to industry standard

Objective: Identify and implement optimal workloads via industry standard

Responsible Party: Management Team and Division Directors

Measure: Workload size

Target: Optimal workloads identified and implemented

Timeline: June 1, 2013

Strategy: Pay competitive salaries

Objective: Identify competitive salaries via industry standard

Responsible Party: Management Team

Measure: Salary ranges competitive with like industries

Target: All positions paid industry competitive salaries

Timeline: January 1, 2013

Goal 5

Strive to attain the cutting edge of technology.

Strategy: Computer accessibility

Objective: All staff have access to a computer

Responsible Party: Management Team and Business Unit

Measure: All staff have access to a computer

Target: 100% staff access

Timeline: June 1, 2011

Strategy: Telecommunications equipment in use
Objective: Identify and implement uses of telecommunication equipment to recognize operational efficiencies
Responsible Party: Telecommunications Team
Measure: Equipment being used as defined
Target: Full utilization of telecommunications equipment
Timeline: December 1, 2011

Strategy: Implementation of electronic medical record
Objective: Complete implementation of electronic medical record
Responsible Party: Records Team
Measure: Fully electronic medical record
Target: Elimination of paper charts
Timeline: Multiple targets with full implementation by September 30, 2014

Strategy: Internal Network with email capabilities
Objective: Implement an internal network
Responsible Party: Business Unit and Management Team
Measure: Internal Network in Place
Target: Internal Network fully operational
Timeline: December 31, 2012

Objective: Email for all staff

Responsible Party: Business Unit

Measure: Email addresses

Target: All staff have email address

Timeline: December 31, 2010

Strategy: Upgrade organization telephone systems where needed

Objective: VoIP telephone equipment in all facilities

Responsible Party: Business Unit and Management Team

Measure: Phone System overhauled

Target: VoIP telephones in all facilities

Timeline: July 1, 2011